

and we fear very tiresome glance over these important statistics. The range of investigation pursued by the census office seems to grow wider with each decade. We believe too there is some improvement in the information returned to the Bureau. There certainly is in its tabulation and publication. Some of the work printed in former years has been disgracefully and absurdly incorrect. We noticed only one palpable error in this book. On page 188 the lines belonging to smallpox, measles, and scarlet fever, have got interchanged.

With all the zeal, skill, fidelity, and industry which we believe now to exist in the Census Bureau, the results attained can never be entirely what they should be until an utterly different system shall be adopted in the original collection of facts. Regular, systematic registration, must replace the Paul Pry-ing of the politically appointed official.

B. L. R.

ART. XXIII.—*Hysterology: A Treatise, descriptive and clinical, on the Diseases and the Displacements of the Uterus.* By EDWIN NESBIT CHAPMAN, M.A., M.D., late Professor of Obstetrics, Diseases of Women and Children, and Clinical Midwifery in the Long Island College Hospital. 8vo. pp. xiv., 504. New York: William Wood & Co., 1872.

IN reference to the title chosen, the author remarks in his Preface: "I have ventured to coin a new word as a more distinctive title of a monograph on uterine disease than *Gynæcology*, that, embracing all the diseases peculiar to the female, is too broad in its signification." And he states:—

"My purpose, a humble one, is simply the delineation, from personal observation, of the histories, symptoms, pathology, and treatment of the special disorders of the non-gravid uterus." (p. 1.)

Referring to the *benign* affections of the uterus, the author remarks:—

"Observing the marked, though temporary, relief attendant upon a single scarification of the labia uteri, I began to suspect that the changes in the cervix, discovered by the use of the speculum, were secondary to some pre-existing condition, and that a permanent cure could not be attained until this should be removed. Disabusing my mind, as far as possible, of the opinions I had acquired of others, or formed of myself, and resolving to begin *de novo*, as though nothing were known on the subject, I attempted by the empirical trial of various plans of procedure, to discover the one the best suited to each special condition. Gradually and imperceptibly, after an unremitting and pains-taking application extending over many months, a new light broke in upon the obscurity enveloping these diseases; doubt and uncertainty gave place to confidence and precision; discouragement and distrust to expectation and reliance; and now, having given two to three hours daily, for more than seven years, to these practical investigations, I am emboldened to assert most positively that no class of disorders is more readily diagnosed, none more certainly removed, and none is more free from liability to a relapse, than the one of which it is my purpose to treat in the following pages." (p. 9.)

We have preferred to quote the author's own language, to show the position of independence which he assumes throughout his work. He has thrown down the gauntlet to many writers and observers of large experience, and will no doubt have to defend his position in future.

In the chapter on "Symptoms and Examinations," after commending the left lateral decubitus, or English method, as more delicate and giving greater freedom to the operator than the French, or dorsal, he recommends the erect

facing posture of the latter, which is even more indelicate, and certainly not in any way more convenient, than the examination made from behind the patient. In making such explorations in cases of expected prolapsus, we have been in the habit of placing the woman in a stooping position before a bureau, with her hands resting upon it, her extremities widely separated, and introducing the index-finger as in the left lateral decubitus, kneeling behind the patient, but never "*facing*" her.

Dr. Chapman is evidently no friend to the stem-pessary, of which he remarks:—

"Appliances like these might merit approval, and answer the indications, were the internal genitalia an inanimate mechanism, the various parts of which could without hazard or detriment be probed, pierced, propped up, and fixed in place by steel rods." (p. 30.)

Of the use of the sound, he says: "Rarely in benign disease, is it necessary to pass the sound through the inner os, or explore with it the proper uterine cavity."

He does not give a great deal of credit to his medical brethren, in the following language, upon what they are to find with the speculum:—

"If the mind of the physician be preoccupied with the doctrines of Bennet, he will invariably discover the unmistakable evidences of chronic inflammation, ulceration, induration, and hypertrophy, structural changes requiring the most destructive agents for their removal; if by those of Robert Lee, he will, by the closest scrutiny, discover nothing but a slight abrasion of the epithelium, or a mild catarrh of the mucous membrane, conditions as trivial in import and common in occurrence as like states of the Schneiderian membrane, and as easily rectified by general remedies." (p. 37.)

He recommends the physician to "take the true standpoint, and employ his eyes as in studying other objects." Instead of the heading, "*True Standpoint for the Physician*," he should have had it "Eyes and no Eyes, or the Art of Seeing."

In the chapter on Pathology and Ætiology, the author opposes the ovarian theory of Tilt; the teachings of Bennet, that the cervix is liable to inflammation, induration, hypertrophy, and ulceration; the doctrine of Prof. Charles D. Meigs, "that prolapse of the uterus is the fruitful parent of the numerous progeny of ills to which the female is subjected, and exists in seventy-five per cent. at least of all uterine cases;" and the opinions of Scanzoni, that uterine disease consists in an inflammatory affection, producing hypertrophy of the uterus proper, or its lining membrane, a secretion of mucus and pus, erosion of the mucous membrane of the os, advancing to ulceration, destruction of tissue, and production of fungous granulations; but commends those of Tyler Smith, whose observations he characterizes as "the most invaluable contribution ever made to Hysterology."

The author advances the opinion that the uterus is in a state of congestion, and not inflammation, as "proven by the puffy and elastic feel of the neck, by its slight increase in temperature, by the trivial pain caused by an examination, and by the augmented bulk of the uterus." (p. 61.) He further states in proof (p. 88), that rapid cures are effected by local loss of blood, spontaneous or artificial, etc.; and that the cervical glands secrete albumen, and never pus.

Under the head of "Congestion of the Inner Cervix," eighty-one cases are recorded, seventy of them in a very condensed form; the local treatment consisting for the most part of scarifications of the cervix, and the application of a 40 grain solution of nitrate of silver to its cavity. These were supplemented

by tonics, iron, astringent injections, etc., as the peculiarities of each case appeared to require.

Under Class II., Multiparæ, "Congestion of the Inner and Outer Cervix," we find the records of 177 cases, with various complications and accompanying peculiarities, embracing, according to the author, the majority of all the cases falling under the eye of the hystero-logist. He thus describes the appearances commonly observed through the speculum:—

"The os is more open than natural, and gives exit to a free albuminous secretion, but the cervix presents various appearances. It may be either œdematous and glistening, and have a pale rose-colour, with or without a bright arterial injection of the labia, or be distorted by the enlargement and elongation of one or both lips, and have a deep vermilion circle around, and a bluish-purple hue beyond the uterine mouth. On its surface, red points are occasionally seen, which, scattered here and there, and either distinct, or run together in a uniform blush, are the apices of papillæ; and, at times, though unfrequently, at these points minute vesicles are formed that are due to the intense underlying congestion raising the epithelium by a serous effusion. As these vesicles are herpetic in nature, their contents in this as in other localities change from a watery to a milky fluid." (p. 144.)

The local treatment employed was, as a general rule, similar to that under the former class, viz., depletion by scarification, and occasionally by leeches, and the application of the nitrate of silver, either in solution, or, in cases of marked erosion, in the solid stick.

"Congestion of the Uterus." To the morbid changes before noticed, the author adds those which mainly arise from the enlargement of the organ, and its "more extensive range of sympathetic irradiations, and a more profound implication of the ganglionic and spinal nerves as shown by the greater severity and obstinacy of all the disorders hitherto observed in uterine disease." The prominent local disturbances given are pain and tenderness above the pubes, a sensation of weight in the pelvis, with pressure upon the bladder, difficulty of retention of urine, and anteversion of the uterus, followed not unfrequently by prolapsus, even to an extensive degree.

Under this class 68 clinical cases are reported, being much less uniform in character than those belonging to the previous classifications. The following is Dr. Chapman's theory with regard to uterine hypertrophy at the period of change of life.

"The hyperæmia of the uterus" [speaking of the case of a woman of 56] "was, in this instance, due to the sudden cessation of the menses at the change of life; whereas the decline of this function ought to be gradual, so that nature may be allowed time to accommodate herself to this radical revolution in the system. The climacteric period is not unusually marked by menorrhagia, which removes by a natural effort the congestion occasioned by the insufficiency or absence of the catamenia. Should, however, relief be not thus attained, it ought to be sought by artificial appliances, since the fulness of the uterine vessels predisposes to morbid growths and malignant diseases that, often take their rise at this age. (p. 214.)

We have never known a patient more free from uterine maladies during her life, than one now 78 years of age, who was perfectly regular up to a certain period, when her menses ceased, and forever, without any hemorrhagic or other change to mark the event.

Another cause for uterine congestion is given in a subdivision headed "*From non-involution.*"

"Almost invariably the cases falling under this head date from a labour or a miscarriage, and arise from a check to the normal process, that, instituted on

the discharge of the uterine contents, whatever the stage of the development, melts down and removes the newly formed tissues, which, adventitious and temporary in their purpose, have now become useless and effete. This process, termed *involution*, is retrograde and spoliative in its nature, and, when perfected, restores the womb to its normal non-pregnant state, but, when interrupted or materially interfered with, leaves it nearly as large as at the time of delivery—the venous canals being surcharged, the muscular tissue spongy, the capillary circulation sluggish, and the venous power defective.” (p. 231.)

A third cause enumerated is, “*mechanical obstruction*,” in prolapsus, and particularly procidentia uteri, when the organ becomes enlarged by pressure upon its veins, in some instances to three or four times its normal size. In this case, a replacement will often in time restore the uterus to its natural dimensions. As a means of mechanical support, Dr. Chapman gives his preference to the silver-coated globe pessary.

As in the former classes, the author treats uterine congestion by topical depletion, and the application of nitrate of silver; with the internal use of fluid ext. ergotæ, or tinct. ferri chlor.; or the local application of ferri persulph., where menorrhagia is a prominent accompaniment.

In Class V. “Congestion of Cervix and Vagina” is more minutely defined as “Congestion of the cervical canal, congested circle around the os uteri, with or without the loss of epithelium, congestion and enlargement of the neck, congestion of the erectile coat of the vagina, mucous inflammation of the vagina, and slight congestion of the corpus uteri and ovaries. Peculiarities—vaginismus, vascular tumour, vaginitis.”

The uterus and vagina are so intimately connected through their nerve structure, that congestion of the former frequently leads to disease in the latter, the vaginal affection being secondary, and dependent upon the uterine: hence the plan of treatment proposed by Dr. Chapman, which is mainly depletive and addressed to the uterus. He says of one case:—

“As in this case, so in all others of a similar character, it is found that a loss of blood from the cervix depletes the vascular network of the vagina, equally with the uterine veins, and that a vaginitis, arising as a sequel of uterine congestion, is subdued by restoring the uterus to its normal condition. If, on the contrary, a vaginitis be primary, or due to inflammation of the rectum or bladder, the loss of blood from the cervix will be of little or no avail.” (p. 264.)

Twenty cases of a more or less complicated character have been reported under this class, the chief reliances being local depletion, nitrate of silver, injections of borax, laxatives, chalybeates, and bitter tonics, as before. A case of cystitis with slight congestion of the cervix was treated with the same form of depletion, to “the immediate relief of the urinary disorder,” saline laxatives and pills of gum turpentine being at the same time administered.

Class VI. same as Class V., with ovarian complication.

“The congestion gaining increment and force by the greater extent of structure involved, and likewise by that mutual reaction always taking place between two or more suffering organs that conspire to a common fuction, the grade of nervous excitement becomes higher, and the intensity of vascular engorgement greater than in the simpler forms of disease already investigated. This point being reached, the congestion advances still further, and attains its extreme limits by involving the ovaries and the true uterine mucous membrane equally with the uterine muscular tissue and the vaginal envelopes, and also by rendering all these organs a common centre of an excited arterial determination.” (p. 287.)

“Congestion of the cervical cavity represents the minimum, and that of the uterus, vagina, ovaries, and true uterine mucous membrane, the maximum of womb-disease, each intermediate stage retaining the characteristics of the pre-

ceding, and approximating in nature to the next higher, until at last morbid action attacks every organ of the reproductive system, reaches its height, and displays itself in completeness as a totality." (p. 288.)

The author draws a distinction between the relative influences of congestion of the cervix, and body of the uterus, upon the ovaries, claiming that in the former the reaction is imperfect, comparing it with the sympathy that unites the stomach and small intestines; whilst in the latter, owing to more intimate vascular and nervous connections, the ovaries become much more decidedly and directly involved in disease. He does not believe that the pain and tenderness so often experienced in the iliac fossæ arise from congestion of the ovaries but from a supersensitive state of the uterine nerves, which is succeeded by a higher grade of neuralgia as the disease advances. True ovarian congestion may ultimately result, but its grade is much lower than when it arises suddenly, in common with the uterine, as a result of menstrual suppression from external causes.

Speaking of the touch per rectum in suspected ovaritis, Dr. Chapman remarks, that the enlarged ovaries believed to have been felt by examiners, were probably in most instances nodulated masses of lymph, resulting as a deposit from the general congestive condition which accompanies that of the ovaries.

Of uterine flexion the author writes:—

"A flexion previous to puberty will give rise to no symptoms, nor after this age, if, as is commonly the case, the menstrual flow be unimpeded; a fact explaining the slender knowledge of many members of the profession as to this variety of uterine deviation." . . . "Many, if not most cases, are congenital, originating during the period of foetal development from a defective or perverted cell-life; but others are accidental, being acquired during the menstrual reign from the involution after a labour or an abortion, or the sub-involution after the cure of a congestive enlargement of the uterus, proceeding too far in its destructive disintegration." . . . "Therefore a flexure when congenital is a malformation, but when accidental is a change of form from fatty degeneration, that, weakening the muscular walls in a circumscribed locality, causes the corpus, from want of support, to bend in that direction." (p. 307.)

Dr. Chapman regards flexures of the uterus as in themselves of very little importance, but becoming such, as the cause of menstrual obstruction, and subsequently of uterine congestion with its accompanying ills.

The clinical reports under the head of "Congestion of the Uterus, Ovaries, and Vagina," number 47. As an evidence of the complex character of some of these cases which are marked *cured*, witness the heading of Case 318, "Congestion of uterus, ovaries, and vagina; hypertrophy; hyperæsthesia; erosion; menorrhagia; dysmenorrhœa; epilepsy; intercostal neuralgia; angina pectoris; asthma; aphonia; laryngismus." (p. 334.)

The author appears to base his congestive theory, as opposed to the existence of inflammation, upon two points: the prompt effect of depletion, and the absence of the usual secondary results of inflammatory action as witnessed in other organs than those belonging to the generative system, viz., the production of pus, the destruction of tissue, and the formation of adhesions. In commenting upon the results in Cases 113 and 114 he writes:—

"This case (cxiii.), like most others in this class, refutes conclusively the doctrine that womb-disease is of an inflammatory nature, or has any analogy, even the most remote, to the morbid states of other organs of the body. Beyond a doubt, a congestion of the intensity here seen, one so active and violent that it seemed to have overleaped the bounds of a simple fullness of the blood-vessels, would in any other organs than the genital, have eventuated in inflammation, and the inflammation in certain lesions; and yet it is observed that the

patient's disease yielded promptly to local depletion, a result quite inexplicable had inflammation previously existed, and produced, as it would, organic changes of structure." . . . (p. 324.) "The uterine disease presented all the well-defined symptoms that are indicative in other organs of inflammation, but still the vascular action did not extend beyond a congestion." (p. 320.)

In Case CCCXV. we have presented a woman with congestion of the uterus, ovaries, and vagina following a syphilitic infection; then the formation of an ovarian tumour; an attack of phlegmasia dolens; the full development of the tumour, to the size of the uterus at nine months; pregnancy at full term with gradual subsidence of the tumour; delivery, and the redevelopment of the tumour, with a renewal of all constitutional and local symptoms, except those immediately dependent upon the ovarian disease. In commenting upon this case, Dr. Chapman remarks:—

"Few physicians would, in the face of such profound general and local disorders, have questioned the inflammatory nature of the disease, and many, perhaps most, would at least have taken the occurrence of phlegmasia dolens as a positive proof of either hysteritis or ovaritis." He attributes the phlegmasia to probable pressure by the ovary upon the iliac vein, and says of the tumour, "That congestion, and not inflammation, was the morbid action present in the ovary, is conclusively shown by its growth, since this, a quickened assimilation, would naturally attend a more active circulation, but could not, by any known law of the economy, result from the phlogistic process." (p. 327.)

The author does not follow up this case to a final conclusion, as the patient left the country, but it would appear to have been one of ovarian dropsy, partially arrested for the time, by uterine development, with absorption of its contents under pressure; to be again developed after a normal restoration of all the other pelvic viscera, a condition not uncommon under similar circumstances. The reviewer remembers an instance where an ovarian tumour remained quiescent for 14 years after a pregnancy, and then became redeveloped to an enormous size. The question in this case would appear to rest upon whether ovarian dropsy is, or is not, the result of a true inflammatory action.

Class VII. same as Class VI., but somewhat modified, as existing in nulliparæ. Upon this variety of cases the author remarks:—

"In the unfruitful female, on the contrary, there are no intermediate stages [as in the child-bearing], but a sudden and abrupt transition from mild to severe, from an insignificant hyperæmia of the cervical mucous folds, Class I., to a profound congestion of the uterus, ovaries, and vaginal coats, Class VII. In the former, womb-disease is usually simple in character and limited in extent, and after a longer or a shorter time, responds to treatment; but in the latter, it is always wide-spread and intractable, and too often sets at defiance the resources of medical art." (p. 343.)

"As the virgin uterus has never been developed by pregnancy, its body is not hypertrophied, but only slightly enlarged by a fulness of its vessels [except in rare instances]; its neck is not changed in size and shape, but retains its normal bulk and contour, and its mouth is not everted or expanded, but rather is more closed by the spastic contraction of its sphincter; and yet, strange to say, these various conditions, apparently so favourable, and often such as fail to offer the more ordinary evidences of disease, are serious if not insurmountable impediments to the success of our remedial appliances." (p. 344.)

"The simple act of hypertrophy, though considered by most hysterologists as the gravest complication, will always mitigate the pressure [on the nerves] and often banish the irritability that existed at the onset of the disorder." (p. 345.)

Dr. Chapman regards the *vaginismus*, so frequently recorded by him in cases of nulliparæ, as a symptomatic evidence of vaginal congestion, and says:—

"Notwithstanding the array of authorities to the contrary, it is certain that this exalted sensibility in nulliparæ is indicative of congestion of the uterus and vagina, and is a tolerably exact measure of its amount and extent. Indeed the sensibility uniformly advances *pari passu* with the congestion, and is almost a positive proof of its existence." (p. 354.)

The question in the mind of the reviewer is, what is *vaginismus*? Dr. Sims says: "By the term *vaginismus*, I mean an excessive hyperæsthesia of the hymen and vulvar outlet, associated with such involuntary spasmodic contraction of the sphincter vaginae as to prevent coition." He also remarks (*op. cit.*) that the *vaginal* surface of the hymen is not abnormally sensitive to the touch; and that the most perfect examples of the disease he had seen were uncomplicated with inflammation. This term, as originated by Dr. Sims, we conceive to be misapplied in the cases reported by Dr. Chapman, which, although affected with a spasmodic contraction of the vagina, were entirely different in other respects from those reported by the former, in which the hyperæsthesia and spasm were at the orifice of the vagina, and constituted the primary disease. There are several diseases of the larynx which are associated with spasmodic action, but there is but one entitled to be called *laryngismus stridulus*; so there may be vaginal spasm which is associated with congestion or inflammation, not properly entitled *vaginismus*.

The work of Dr. Chapman concludes with general remarks upon treatment, including the preparation of tents, formulæ used, etc. The clinical cases given amount in all to 357, of which 280 are very closely abbreviated. Of the latter class, a large proportion might, with a pecuniary advantage to the purchaser, have been left out, as more than half of them are of no practical value, the results of treatment not having been ascertained, or the patients having discontinued their visits before any material benefit could have been obtained, no less than 92 having visited the *clinique* but once, and many of these not having been thoroughly examined, or their treatment commenced; 34 having called but twice, etc. We know that there are great difficulties and annoyances to contend with in the treatment of walking cases, and have very great doubts about the propriety or safety of ever using tents in such subjects, unless we can afterwards visit them at their homes; but nothing can justify an author in making his book large at the expense of the reader, without rendering an equivalent value. The volume is neatly printed, the illustrations are generally good, although not always anatomically accurate, and the treatise contains much that is valuable, although the opinions of the writer are in many instances of questionable correctness. We believe that the text, by a greater simplicity of style, and proper curtailment, might have been reduced nearly one-half, without any detriment, but rather to the credit of the author, and to the decided advantage of the reader.

R. P. H.

ART. XXIV.—*Practical Suggestions in Naval Hygiene.* By ALBERT LEARY GIBON, A.M., M.D., Surgeon United States Navy, Member of the Naval Medical Board. Washington: Government Printing Office, 1871.

THIS is a thoroughly practical book, well adapted to the purpose for which it was written. While unable to accept quite all the opinions and precepts it enjoins, we may fully agree with Dr. Ruschenberger, U. S. N., in the indorse-

¹ Uterine Surgery, by Dr. J. Marion Sims, New York, 1866, page 318.